

April 1, 2014

Montana Health Care Programs Notice

PPS Hospitals

Update

Medicaid and G-Codes

Beginning January 1, 2014, Medicare changed to a single code (G0463) for the facility fee for OPPOS hospital outpatient clinic visits and Medicaid will follow suit per ARM.

Provider-based clinics will use G0463 (which will group to APC 0634) for the facility fee portion of the outpatient clinic visits. The change applies only to the hospital or facility portion of clinic visit codes 99201–99205 and 99211–99215.

The system update has not yet been implemented. Once the update is in place (late January), the claims with dates of service January 1, 2014 and forward, will be mass adjusted, and claims with G0463 will be reimbursed at the appropriate rate.

If claims are submitted with 99201–99205 and 99211–99215 with dates of service on or after January 1, 2014, the claim lines will be denied through the mass adjustment process. Providers must bill code G0463 for dates of service January 1, 2014 and forward if they want to be reimbursed for this service.

Physician services claims should continue to bill the appropriate procedure code in ranges 99201–99205 and 99211–99215.

Critical Access Hospitals, Rural Health Clinics, Federally Qualified Health Centers, and Indian Health Services are not affected by this change and should continue to bill the appropriate 99201–99205 and 99211–99215 codes

Contact Information

If you have any questions, please contact Jennifer Rieden at 444.7018 or JRieden@mt.gov.

For claims questions or additional information, contact Provider Relations at 1.800.624.3958 (toll-free, in/out of state) or 406.442.1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.